

Are you willing to work days?	Yes	No
Are you willing to work evenings?	Yes	No
Are you willing to work nights?	Yes	No
Are you willing to work weekends and holidays?	Yes	No
Are you willing to work overtime when scheduled or requested?	Yes	No
Are you willing to work a variable work schedule, such as 3 days and 2 evenings per week?	Yes	No
Have you ever been employed here?	Yes	No

If Yes, give the position and dates worked: _____

List the business machines and/or equipment you can operate (computer/tablet, calculator, forklift, multi-line phone, or other medical equipment): _____

List any educational, vocational and/or professional information, such as special area(s) of training, fluently spoken language(s), etc., that are relevant to your application: _____

What is your salary expectation? _____

What are your long-range occupational goals? _____

How did you learn of this facility? _____

Did anyone refer you to this facility for employment purposes?	Yes	No
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If Yes, list name: _____

Is a relative(s) of yours or a person(s) with whom you are involved in a close personal relationship currently employed here?	Yes	No
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If Yes, list name(s) and relationship(s): _____

EDUCATIONAL BACKGROUND:

Circle highest grade completed: 1 2

Comments regarding lapses (if applicable): _____

Have you ever been terminated or asked to resign from any prior employment? **Yes** **No**

If Yes, please explain: _____

Are there any work references listed above that you do not wish for us to contact? **Yes** **No**

If Yes, indicate which one(s): _____



CERTIFICATION, AUTHORIZATION AND ACKNOWLEDGEMENT:

By my Signature below:

I certify that all the information submitted by me on this application is true and complete. I understand that any false information, omissions or misrepresentations will lead to rejection of my application or, if I am employed, termination at the time such false information, omissions or misrepresentations are discovered. I further understand and agree that the facility will be relieved of all commitments, financial or otherwise, pertinent to employment.

I authorize investigation of all statements contained in this application and authorize the facility to secure information